



The policies of Cornell Cooperative Extension of Tompkins County (CCE-TC) ensure full compliance with Title VI of the Civil Rights Act of 1964 and other governmental, system-wide, and association-specific anti-discrimination policies and rules. Any person(s) who believes they have been subjected to unlawful discrimination in programs, activities, or services of CCE-TC may file a complaint. Discrimination may be based on, but not limited to: race, color, national origin, sex, sexual orientation, age, marital or family status, veteran status, disability, income, proficiency in English, religion, or political beliefs. The complaint may be filed by the affected individual(s) or their representative. **Please complete this form with as much information as you can provide so that we can investigate and address your complaint.**

## 1 CONTACT INFORMATION

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**Full Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Home Address** (Street Number, City, State): \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Preferred Contact Method:** \_\_\_\_\_

## 2 COMPLAINT DETAILS

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**Are you filing this complaint on your own behalf?**  Yes  No

If "No," please provide the name and relationship of the affected person(s):

\_\_\_\_\_

**Who has discriminated against you?** Provide name of person, group, or organization.

\_\_\_\_\_

**What was the discrimination you experienced based on?** Select all that apply.

Race  Color  National Origin  Sex  Sexual Orientation  Age  Marital or Family Status

Veteran Status  Disability  Income  English Proficiency  Religion  Political Beliefs

Other: \_\_\_\_\_

**What was the date when the alleged discrimination occurred?** \_\_\_\_\_



### 3 DESCRIPTION OF THE INCIDENT

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**Explain as clearly as possible what happened and why you believe you were discriminated against.** Describe all persons who were involved, any witnesses of the incident, and any contact information you may have of these persons. You may also provide recommendations for what CCE-TC can do to resolve your complaint. If more space is needed, you may attach more pages or write in the body of an email.

### 4 SUBMIT YOUR COMPLAINT

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Have you previously filed a Title VI complaint with us?  Yes  No

Have you filed this complaint with any other agencies or courts?  Yes  No

If "Yes," please provide contact information of the agency or court where the complaint was filed:

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**I certify that to the best of my knowledge, the information I have provided is accurate and the events and circumstances are as I have described them.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To submit this form via email, save the completed PDF form and attach it to an email addressed to:  
Theresa Emerick, Title VI Coordinator [tee1@cornell.edu](mailto:tee1@cornell.edu)

You may also mail this form or submit it in person at:  
Cornell Cooperative Extension of Tompkins County  
c/o Theresa Emerick, Title VI Coordinator  
615 Willow Ave, Ithaca, NY 14850